



FLEXIBLE SPENDING ACCOUNTS

- ☐ **HEALTH EXPENSE** (\$2,500 maximum)
- ☐ **LIMITED SCOPE DENTAL & VISION EXPENSE** (\$2,500 maximum) **(Must be enrolled in the Value Medical Plan with HSA BANK ACCOUNT to pay for medical expenses)**
- ☐ **DEPENDENT DAY CARE ACCOUNT** (\$5,000 maximum)
- ☐ **NO FSA ACCOUNT**

** HEALTH SAVINGS ACCOUNT

- ☐ **SINGLE** (maximum \$3,250)
- ☐ **FAMILY** (maximum \$6,450)
- ☐ **AGE 55 & OVER BY 12/31/13** (\$1,000)
- ☐ **NO HSA ACCOUNT**

MEDICAL PLANS	COVERAGE LEVEL
<input type="checkbox"/> VALUE (HSA)	<input type="checkbox"/> EE ONLY
<input type="checkbox"/> CORE	<input type="checkbox"/> EE + SPOUSE
<input type="checkbox"/> PLUS	<input type="checkbox"/> EE + CHILD(REN)
<input type="checkbox"/> NO MEDICAL	<input type="checkbox"/> FAMILY

DENTAL PLANS	COVERAGE LEVEL
<input type="checkbox"/> DHMO	<input type="checkbox"/> EE ONLY
<input type="checkbox"/> LOW PPO	<input type="checkbox"/> EE + 1
<input type="checkbox"/> HIGH PPO	<input type="checkbox"/> FAMILY
<input type="checkbox"/> NO DENTAL	

VISION PLAN	COVERAGE LEVEL
<input type="checkbox"/> VISION	<input type="checkbox"/> EE ONLY
<input type="checkbox"/> NO VISION	<input type="checkbox"/> EE + 1
	<input type="checkbox"/> FAMILY

****Complete 2013 Health Savings Bank Account (HSA) Payroll Deduction Direct Deposit Form**





SHORT TERM DISABILITY

- ☐ **40% OF COVERED WEEKLY EARNINGS**
- ☐ **50% OF COVERED WEEKLY EARNINGS**
- ☐ **60% OF COVERED WEEKLY EARNINGS**
- ☐ **NO SHORT TERM DISABILITY**

* CRITICAL ILLNESS

- ☐ **YES (REFER TO WORKFORCE SERVICES PORTAL FOR PLAN DETAILS & RATES)**
- ☐ **NO CRITICAL ILLNESS COVERAGE**

* MEDICAL GAP

- ☐ **YES (REFER TO WORKFORCE SERVICES PORTAL FOR PLAN DETAILS & RATES)**
- ☐ **NO MEDICAL GAP COVERAGE**

OPTIONAL TERM LIFE INSURANCE

- ☐ **EMPLOYEE LIFE + AD&D** - Minimum \$20,000 Guaranteed Issue \$200,000 (Maximum coverage the lesser of 8 times base salary or \$500,000. Coverage requests that exceed \$200,000 require Evidence of Insurability (Eol) and must be approved by CIGNA.)
- ☐ **SPOUSE LIFE** – Minimum \$10,000 Guaranteed Issue \$50,000 (Maximum coverage 50% of Employee's optional term life amount)
- ☐ **DEPENDENT CHILD LIFE** - \$10,000 (Employee must be enrolled in Optional life coverage)
- ☐ **NO OPTIONAL LIFE COVERAGE**

*** ENROLLMENT IN THESE PLANS MUST BE COMPLETED ON A PAPER FORM. REFER TO WORKFORCE SERVICES PORTAL - CATEGORY: 2013 OPEN ENROLLMENT**

